

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90040 026 ****50.00

DOCUMENT # L06000048253 1. Entity Name PALM PROPERTY DEVELOPMENT, LLC	
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Principal Place of Business 212 SOUTH STREET N.E. FT. WALTON BEACH, FL 32547	Mailing Address 212 SOUTH STREET N.E. FT. WALTON BEACH, FL 32547
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60004010



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05292007 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
THRALL, RICHARD D 212 SOUTH STREET N.E. FT. WALTON BEACH, FL 32547	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting.)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THRALL, RICHARD D 212 SOUTH STREET N.E. FT. WALTON BEACH, FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/13/07 850/830-5313

Date

Telephone Number